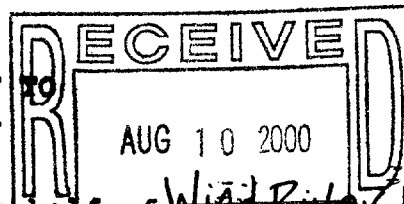


NOTIFICATION PURSUANT TO
SECTION 6 OF DSHEA
AND 21 CFR §101.93



This notification is being filed on behalf of Wind River Herbs which is the manufacturer of the product(s) which bear the statements identified in this notification. Its business address is: Lincoln County Rd. 108 #32 P.O. Box 3637 Alpine, NY 83128. This notification is being made pursuant to Section 6 of DSHEA and Rule 21 C.F.R. §101.93. The dietary supplement product, on whose label or labeling the statements appear is Skullcap Valerian Blend

The text of each structure-function statement for which notification is now being given is:

(Statement 1): Restful sleep support

(Statement 2):

(Statement 3):

The following summary identifies the dietary ingredient(s) or supplement(s) for which a statement has been made:

Statement Number	Identity of Dietary Ingredient(s) or Supplement that is the Subject of the Statement
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1. valerian, skullcap, oattflower, passionflower, california poppy
2. lavender
- 3.

The following identifies the brand name of each supplement for which a statement is made:

Statement Number	Brand Name	Label or Labeling?
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1. Skullcap Valerian Blend
- 2.
- 3.

I, Judy Hennessy, am authorized to certify this Notification on behalf of Wind River Herbs. I certify that the information presented and contained in this Notification is complete and accurate, and that Wind River Herbs has substantiation that each structure-function statement is truthful and not misleading.

Date Signed: June 6, 2000

By:

[Name]
[Title]

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